

Demographic Section – HCBS PAE

- Scan all documents required for submission of the PAE before starting the process.
- Please group attachments and submit as one document rather than scanning individual pages.

Create an HCBS PAE

- Locate **Basic Tasks** (in left-hand Navigation Pane column).
- Select “**Submit to my Preferred Projects.**”
- If a “Submit Tree” pops up, choose “Long Term Care.”
 - Click the word - “**CHOICES**” to begin a new PAE.

Hospice Question: Must choose “No” to move forward with PAE. Hospice is not an LTC service.

Applicant Section

- Complete Applicant full name, social security number and date of birth, address, and phone.
- Review data entered to ensure that all information is correct.

Applicant’s Admission Information:

- In “Service Requested” - Choose HCBS from the drop down.
- Requested Cost Neutrality Cap – This is your desired reimbursement level.
 - Select: Level 1, Level 2, Chronic Ventilator, or Tracheal Suctioning
- Select Submission Request Type.
 - Change in Current LOC
 - CN (Cost Neutrality) Cap Determination
 - Current CHOICES Member, current PAE effective date ending
 - New CHOICES Member
- Select Target Group.
 - Age 65+
 - Physically disabled (21+)
 - Specific Diagnosis or condition
- Select Request Safety Determination
 - Yes

- No-Check the Attestation boxes
- Provider Fax Number (required Field)

Evaluation Details

- Locate the “**Request Info Tab.**”
 - Enter PAE REQUEST DATE for Medicaid-reimbursed long-term care services. DHS Add Date and DHS Eligibility Date may be added if known but is not a requirement.
- Locate **Designee Information.**
 - If designee is known, fill out Designee Name, Address, and Phone Number.

NOTE: If the applicant does not have a designee, the box indicating Designee Not Provided must be checked before proceeding.

- Take note of the following language in TPAES designating that an “*Applicant MUST identify the person that s/he wants to receive information about this application OR signify in writing that s/he only wants notices to be sent to her/him. This PAE applicant has signified in writing that he/she wants notices to be sent only to him/her. The submitter of this PAE has a copy of this signed waiver on file.*”